



Montana Youth Leadership Forum

www.montanaylf.org

**WE ARE INVITING FUTURE COMMUNITY LEADERS
TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP
FORUM (MYLF) FOR STUDENTS WITH DISABILITIES**

July 18-22, 2016

Location – Carroll College, Helena, MT

*Twenty high school freshman, sophomores, juniors and seniors will be selected.

*No expense to selected delegates (**all expenses paid**).

*Exciting, fun, and educational four-day training program.

**APPLICATION FORMS MUST BE POSTMARKED BY
March 25, 2016**

*Students must complete all information of this application.

*Please type or print with black ink.

*Mail the application to the address on the last page (page 6).

*Please see page 5 for additional application instructions.

1. Last Name

First

Middle

2. Address

City

ZIP

3. Male / Female

4. Phone

5. Name of High School

6. Grade Level on 12/31/15

7. Your E-Mail Address

8. Birth Date

MYLF Application
Page 2

9. Date Graduation Expected

10. School Phone Number

11. Your Ethnicity

12. Please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) _____

Onset of disability: _____

Check all that apply:

Deaf _____

Hard of Hearing _____

I use sign language _____

I use real time captioning _____

I use lip reading _____

Blind _____

Visual Impairment _____

I read with Braille _____

I read with large print _____

Orthopedic Disability _____

I use a wheelchair _____

I cannot walk upstairs _____

I cannot walk long distances _____

Developmental Disability _____

Describe _____

Autism _____

Traumatic Brain Injury _____

Other _____

Mental Health Disability _____

Neuromuscular Disability _____

Learning Disability _____

Multiple Disabilities

MYLF Application

Page 3

13. Information on Vocational Rehabilitation

If you are currently a client of Vocational Rehabilitation, please tell us your Counselor's Name _____

Have you attended Movin' On? _____

14. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after-school activities or work experience.

<u>Activity</u>	<u>Adult Contact</u>	<u>Dates Involved</u>	<u>Grade</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Letters of recommendation

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. One letter **MUST** be from a high school representative and one **MUST** be from a community representative outside your school.

List name, position/title, organization and telephone number of your recommendations.

MYLF Application

Page 4

16. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the Leadership Forum. Please write your responses on a separate sheet of paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced sheets. (Responses must be double-spaced and either typewritten or printed in black ink.)

A. Qualifications – Explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.

B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials, or celebrities are appropriate examples.)

C. Experiences as a person with a disability – Describe two important experiences you have had as a person with a disability. (Please be specific about your examples as they relate to your disability.)

D. Future Plans – Describe any of your plans for after high school.

17. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

- a. Application form _____
- b. Two letters of recommendation _____
- c. Essay responding to four topics _____

Student Signature

Date

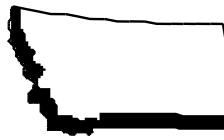
KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION

Mail Completed Applications to:

**MYLF
1617 Euclid Ave. Suite 1
Helena, MT 59601**

HOW STUDENT DELEGATES WILL BE SELECTED AND APPLICATION INSTRUCTIONS FOR STUDENTS.

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
 - a. Have a disability (as defined by the ADA)
 - b. Be in the 8, 9, 10, 11, or 12th grade as of December 31, 2015
 - c. Have demonstrated leadership potential in school and community
 - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLF office no later than March 25, 2016.
3. Selected applicants will be notified by letter no later than May 6, 2016.
4. After being selected, students will be asked to fill out a confirmation form, and provide additional information to the MYLF office.
5. **All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF)**, including such expenses as travel, lodging, food, and interpreters for students who are deaf and personal assistants for students with physical disabilities.



MYLF

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VOLUNTEER STAFF APPLICATION

Deadline – March 25, 2016

Staff Dates: Sunday, July 17, 2016, through Friday, July 22, 2016

NAME: _____ Date: _____

Mailing Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Telephone (cellular): _____ Telephone (work) : _____

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Applicant YLF Status-- Check All that apply:

____ New Staff Applicant

____ YLF Alumni; if checked year attended YLF _____

____ Former YLF staff member; if checked year(s) on staff _____, _____, _____, _____

Position Desired: (Check those areas of interest and expertise)

Small Group Staff _____ Support Staff _____

Technology Staff _____

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Background check information

Social Security Number _____

Birthday _____

The above information will only be used to do a criminal background check as required by Montana State laws pertaining to volunteers who work with minors. By signing below you give the MYLF Advisory Council permission to conduct the background checks as necessary for your participation in the 2016 YLF.

Signature

Date

EDUCATION

High School _____ Dates: _____ Course of Study: _____

Post High School _____ Dates: _____ Course of Study: _____

Post High School _____ Dates: _____ Course of Study: _____

WORK HISTORY

Employer _____ Dates: _____ Position _____

Employer _____ Dates: _____ Position _____

EXPERIENCE WITH INDIVIDUALS WITH DISABILITIES (include any previous YLF staffs)

SPECIAL INTEREST, TALENTS AND ABILITIES

REFERENCES (please list three, include telephone number)

****References are only required for first-time applicants for staff positions of MYLF.**

If selected I will be available for all staff training and other designated/assigned responsibilities as a staff member for the Youth Leadership Forum beginning at 3:00 p.m., Sunday, July 17, 2016, through 12:00 p.m., Friday, July 22, 2016. I also agree to follow all Carroll College resident hall rules and regulations pertaining to my participation in YLF.

Signature

Date

If you will have any accessibility or accommodation needs during the week, please describe below.

(If you have **no** accessibility or accommodation requirements, please indicate such by a negative response.)